

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS410AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAND COURT LAS VEGAS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6650 W FLAMINGO ROAD LAS VEGAS, NV 89103</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of C.</p> <p>The facility is licensed for 62 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 52. Fifteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 5/14/09, the facility failed to ensure that 2 of 10 employees complied</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  with NAC 441A.375 regarding tuberculosis testing (Employee #3 and #8) for the protection of all residents.  This was a repeat deficiency from the 6/19/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 5/14/09, the facility failed to ensure compliance with NAC 446.  Findings include:  Potentially hazardous foods were in the walk-in at improper temperature: container of bean soup that was cooked on 5/13/09 was at 48 degrees F and three containers of chicken soup dated	Y 255		

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Y 255	<p>Continued From page 2</p> <p>5/13/09 were at 45 degrees F.</p> <p>Foodhandlers were not washing hands between glove changes and did not change gloves when switching from tasks that could have contaminated their gloves. The person operating the dishmachine did not wash his hands after handling the dirty tableware and before handling the clean tableware.</p> <p>There were no paper towels at the handsink in the dishroom. The hot water at the handsink in the mens room used by kitchen staff had a low water flow that would not allow for proper handwashing. The handsink in the food preparation area was leaking from the faucet.</p> <p>Numerous foods were in the walk-in that that were improperly labeled and dated or that were unlabeled and undated. The flour, sugar, and cornmeal bins were unlabeled.</p> <p>The cutting board on the cook's line was worn and was no longer smooth and easily cleanable.</p> <p>The cold water faucet on the three compartment sink was not operational.</p> <p>Soiled wet wiping cloths were on the food preparation tables and they were not being stored in sanitizer solution between uses.</p> <p>Food contact and non-food contact surfaces of equipment were not being maintained in a clean and sanitary state, with evidence of grease and food debris, including: cutting boards, microwave, reach-ins, fryer, stoves, shelving, steam table, ovens, hot holding cabinets, food processor, meat slicer, and milk dispenser.</p>	Y 255		

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Y 255	Continued From page 3  Mens and ladies rooms used by kitchen staff were not being maintained clean and in good repair: walls were not clean, ladies room ceiling was in disrepair, and covered waste receptacles were not provided.  The floors throughout, especially under equipment, including in the walk-in and freezer, were littered with trash and food debris.  The walls were soiled, including behind the kitchen equipment. Some ceiling tiles were damaged and/or stained in the kitchen.  Numerous ceiling lights were burned out or were missing in the kitchen and the dishroom, and one ceiling light cover was in disrepair.  Numerous items not necessary to kitchen operations were being stored in the kitchen, including a purse, a pair of sunglasses, batteries, rusted tools, and playing cards.  Severity: 2 Scope: 3	Y 255			
Y 434 SS=E	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on record review and interview on 5/14/09, the facility did not ensure that monthly evacuation	Y 434			

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Y 434	Continued From page 4  drills were conducted on an irregular schedule for 4 of 12 months (January 2009, December, November and October 2008).  Severity: 2 Scope: 2	Y 434			
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review and interview on 5/14/09, the facility did not ensure smoke detectors in resident rooms, which were not connected to the fire alarm system, were tested for 12 out of the past 12 months.  Severity: 2 Scope: 3	Y 444			
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which	Y 693			

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Y 920	Continued From page 6  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This Regulation is not met as evidenced by: Based on observation and interview on 5/14/09, the facility did not ensure medications were secured in the provided locked drawers or locked resident rooms for 2 of 16 residents who administered medications to themselves. (Room #244 and #342).  Severity: 2 Scope: 1	Y 920			
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 936			

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Y 936	<p>Continued From page 7</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 5/14/09, the facility failed to ensure that 2 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 and #7) which affected all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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